

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

OPERATING WITHOUT A  
BUSINESS LICENSE

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

504023080240

BUSINESS NAME: ECOLINK, LLC  
BUSINESS STREET ADDRESS: 12560 SW 34<sup>TH</sup> PLACE, DAVIE ZIP 33330-1252  
BUSINESS MAILING ADDRESS: P.O. Box 552890 Fort-Lauderdale ZIP 33355-2890  
BUSINESS PHONE: 954-557-7196  
DESCRIBE TYPE OF BUSINESS: PURCHASING AGENCY  
BUSINESS IS: Corporation \_\_\_\_\_ Sole Proprietor X Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>ESTHER C. CHAUVET</u>	<u>12560 SW 34<sup>TH</sup> PLACE</u>	<u>DAVIE 33330</u>	<u>954-557-7196</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2002, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

ESTHER C. CHAUVET, Manager  
Print Owner or Officers Name and Title

[Signature]  
Signature of Owner or Officer

Office Use Only: Date <u>4/10/02</u> Category <u>00400</u> Fee Exempt per Sec. 13-13 _____ Fee <u>55.13</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>0216601</u> Control # <u>138006</u> Zoning <u>R-1</u>	half fee <u>27.57</u>
Council approval Required <u>X</u> Yes _____ No _____ Zoning Approval <u>AR</u> Date <u>4/15/02</u>	<u>[Signature]</u>
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION